

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90396 043 ***158.75

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1. Entity Name

PERIDOT ENTERPRISES, INC.



Principal Place of Business

311 CASTLE SHANNON BLVD
PITTSBURGH PA 15234

Mailing Address

311 CASTLE SHANNON BLVD
PITTSBURGH PA 15234

2. Principal Place of Business

3. Mailing Address

313 Castle Shannon Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Pittsburgh, PA

Zip

Country

Zip
15234

Country

4. FEI Number

25-1665054

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAVINA, PETER J
1833 HENDRY ST
FORT MYERS FL 33901

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST
NAME LOHR, ROBERT C
STREET ADDRESS 311 CASTLE SHANNON BLVD
CITY-ST-ZIP PITTSBURGH PA 15234

TITLE
NAME
STREET ADDRESS 313 Castle Shannon Blvd
CITY-ST-ZIP Pittsburgh, PA 15234

TITLE VP
NAME CAHALANE, PATRICK M
STREET ADDRESS 311 CASTLE SHANNON BLVD
CITY-ST-ZIP PITTSBURGH PA 15234

TITLE
NAME
STREET ADDRESS 313 Castle Shannon Blvd
CITY-ST-ZIP Pittsburgh, PA 15234

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert C. Lohr

4/28/04

412-341-4500